



California Medical Waste Management Program TRAUMA SCENE WASTE MANAGEMENT PRACTITIONER (TSWMP) APPLICATION

Mail to:
California Department of Public Health
Medical Waste Management Program
MS 7405
P.O. Box 997377
Sacramento, CA 95899-7377

For Renewals: TSWMP # _____

Owner's Name			Operator's Name		
Company Name		Mailing Address		City	State
Telephone Number ()		FAX Number ()	WEB Address	Contact Person	EMAIL Address

Vehicle Information – Use Additional sheet if Necessary:

Year	Make	Model	Cargo Body Capacity (in Cubic Feet)	Vehicle ID Number	License Number	Vehicle Type (truck, van, tractor only, trailer only, roll-off container)

Provide information on the medical waste transfer station and/or treatment facility used.

Facility Utilized	Facility Address (City/State/ZIP code)	Off-Site Treatment	Transfer Station
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED DOCUMENTS:

- ✓ A copy of the service agreement with the off-site treatment, transfer station facility, or mail-back system invoice.
- ✓ A \$200 check (made out to Medical Waste Management Fund) for renewal and initial application fee.